E-1 (10/98)



Instructions: See other side of this form.

PUBLIC EMPLOYMENT RELATIONS COMMISSION

Mail: P.O. BOX 40919 OLYMPIA, WASHINGTON 98504-0919 (360) 753-3444

PETITION FOR INVESTIGATION OF QUESTION CONCERNING REPRESENTATION [] Amended Petition in Case _____

DO NOT WRITE IN THIS SPACE Street: 603 EVERGREEN PLAZA BUILDING - 711 CAPITOL WAY

Applicable Rules: Chapters 10-08, 391-08 and 391-25 WAC.

RECEIVED OLYMPIA, WA

OCT 2.9 2004

PUBLIC EMPLOYMENT RELATIONS COMMISSION

The petitioner clair involving certain e	ms that a question concerning representation exists mployees of the employer named below.	£	D/	ARGAINING UNIT
1. EMPLOYER	Bellevue Convention Center Authority D.B.A. Mendenbouer Center	(a.		MPLOYER'S PRINCIPAL BUSINESS
CONTACT PERSON ADDRESS CITY/STATE TELEPHONE	Holly Gorski 11101NE 1437 Bellevie WA ZIP 98004 (425)450-3740 EXT.— FAX (425) 137-0111		 DI	EPARTMENT OR DIVISION INVOLVED
ATTORNEY or REPRESENTATIVE ADDRESS	-		DI ex	ESCRIPTION OF BARGAINING UNIT Indicate Inclusion reclusions, contract page or case/decision number: EVENT OPERATIONS
CITY/STATE TELEPHONE	() EXT FAX ()			TECHNICAL Services and Maintenance Departments,
2. PETITIONER	Mexdenbauer Workers			riam counce of an mon 13,
CONTACT PERSON ADDRESS CITY/STATE TELEPHONE	EVAN XU 13735 NE 11th 24 Bellevyl VXA ZIP 98005 (425,6447556 EXT. FAX () 74			
ATTORNEY or REPRESENTATIVE ADDRESS		ď.		MBER OF EMPLOYEES IN BARGAINING UNIT
CITY/STATE TELEPHONE	() EXT FAX ()	7.		SIGNATION OF REQUEST Indicate: RECOGNITION REQUEST. The petitioner claims to represent a majority of the employees involved, and requests certification
3. INCUMBENT BARGAINING REPRESENTATIVE Indicate: [1 The employees involved are not currently represented for bargaining; or [X] The employees involved are currently represented by:			[·]	as exclusive bargaining representative of the bargaining unit CHANGE OF REPRESENTATIVE. The employees in the bargaining unit desire to change their designation of exclusive bargaining representative, and to designate the petitioner at their exclusive bargaining representative.
ORGANIZATION	LOCAL #763		M	
CONTACT PERSON ADDRESS CITY/STATE TELEPHONE	ROB McCauley 553 JOHN ST Seattle WA ZIP 98/09-5085 (206) 441-0763 EXT. FAX()		[]	EMPLOYER PETITION - DEMAND FOR RECOGNITION. The employer has been presented with one or more demands for recognition (per ettached documentation), and requests a determination by the Commission.
ATTORNEY or REPRESENTATIVE ADDRESS			[]	EMPLOYER PETITION - INCUMBENCY QUESTIONED. The employer has a good faith belief (per attached documentation) that a majority of employees no longer desire representation by the incumbent exclusive bargaining representative.
CITY/STATE TELEPHONE	()			HER RELEVANT FACTS Indicate, if applicable:
4. COLLECTIVE BARGAINING AGREEMENT Indicate:				Additional information is set forth on separate sheets attached to this petition form.
[] There has never been an agreement covering the employees involved; or		9. AUTHORIZED SIGNATURE FOR PETITIONER		
capy of the current (or most recent) agreement is attached.		NAME (PRINT) EVAN XU		
o. Showing of Interest A patition filed by an organization or employees must be accompanied by a showing of interest showing that the patitions has the			SIGNATURE Event Operations formy lead DATE 10-27-200	